

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/552013** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5	1					
6	1					
7	1					
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15		2				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
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50						
TOTAL END.	9		↓		↓	↓
TOTAL DEP.	17	←	←	←	←	←
TOTAL CLAIMS	26					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL END.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						